LEONARD LANGE 7TH DISTRICT, NEW JERSEY

COMMITTEE: FINANCIAL SERVICES

SUBGONMITTEES: FINANCIAL INSTITUTIONS AND GONSUMER GREDIT

DOMESTIC MONETARY POLICY AND TECHNOLOGY Congress of the United States House of Representatives

April 13, 2009

 11-4 CANNON HOUSE OFFICE BUILDING WASHINGTON, D.C. 20515
 PHONE: 202-225-5361
 FAX: 202-225-9460

> 425 NORTH AVENUE, EAST WESTFIELD, N.J. 07090 PHONE: 008-518-7783 Fax: 008-518-7751

> 28 ROYAL ROAD, SUITE 101 FLEMINGTON, N.I 08822 PUONE: 908-788-6900 Fan: 908-788-2869

Captain Joe McClean
United States Navy Congressional Liaison Office
B324
Rayburn House Office Building
Washington, DC 20515

09-05-04ADT:14 RCVD

Dear Captain McClean:

Congressman Lance was recently contacted by a constituent, regarding his service-connected disability compensation through the Department of Veterans Affairs. (b) (6) compensation has been reduced by the Department of Veterans Affairs to recoup a severance he received from the United States Navy for a high-year tenure discharge in 2004. (b) (6) believes the recoupment of this severance is incorrect because it was part of an overall severance package offered to him by the United States Navy. In addition, (b) (6) states that the Navy never informed him that the severance would adversely affect his disability compensation.

I have enclosed a copy of his letter and supporting documents for your review and would appreciate any information your office may provide regarding this matter.

Thank you for your assistance. Best wishes.



Manger of Community Relations

Enclosures cc: (b) (6)

Please print this form and fax or mail to: Congressman Leonard Lance 23 Royal Road, Suite 101 Flemington, New Jersey 08822

Attn:(b) (6) Fax: 908-788-2869

Privacy Authorization Form

Date: 3/MARO9 Agency Involved: VA Numbers Identifying Case (VA claim, Alien number, tax ID, etc.): Date and Place Claim was Filed: SAN DIEGO, CA. NEWACK, N. J. Please describe problem in detail: PLEASE SEE ATTACHED

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Lance or a member of his staff to make the appropriate inquiries on my behalf.







DEPARTMENT OF VETERANS AFFAIRS Debt Management Center

Bishop Henry Whipple Federal Building P.O. Box 11930 St. Paul, MN 55111-0930

FEBRUARY 25, 2009



File Number:

153665924

Payee Number: Person Entitled: OO CACLAR

Deduction Code: 30

E-Mail Address: dmc.ops@va.gov

This is to inform you that your request for waiver of your indebtedness has been referred to the Committee on Waivers and Compromises for review and a decision.

No further action is required on your part at this time. As soon as they have reached a decision, we will notify you.

Chief, Operations Division

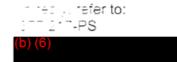
DEPARTMENT OF VETERANS AFF4 FE

Pegithal Office 531 Diago CA 92108



April 05, 2004





IMPORTANT -- reply needed



We are working on your service-connected compensation dialm for:

- LEFT HAND, 2ND DIGIT FRACTURE;
 STD, GENITAL WARTS:
- 3) CHRONIC ANXIETY/ADD;
- 4) CERVICAL STRAIN MUA;
- 5) LUMBAR STRAIN (MVA.
- 6) POSSIBLE FRACTURE, 5TH DIGIT LEFT HAND;7) SCAR, FOREHEAD;
- 8) SCAR, LEFT KNEE

This letter will give you information about what we will do, how long the claims process will take, what you can do to help us, and when you will hear from us. Please see the enclosed attachment "What is the Status of Your Claim and What You Can Do To Help" for more information about your claim.

What is VA's Duty To Assist You To Obtain Evidence For Your Claim?

We will make reasonable offorts to nearly you get evide necessary to succompact claim. We will try to help you get such things as medical records, employment records, or records from other Federal agencies. You must give us enough information about these records so that we can request them from the agency or person who has them. It's still your responsibility to support your claim with appropriate evidence.

We will also assist you by providing a medical examination or getting a medical opinion if we decide it's necessary to make a decision on your claim.



DEPARTMENT OF VETERANS AFFAIRS

Regional Office (1-800-827-1000) 8810 Rio San Diego Drive San Diego CA 92108



Dear (b) (6)

Our letter of July 7, 2008 told you we glanned to stop your benefits because you re-entered active duty from June 17^{th} , 2005 thru February 14^{th} , 2018.

In reaching this decision, we considered military service information we received from Defense Finance and Accounting (DFAS) and our letter sent to you on July 70, 20, 800.

We have stopped your payments effective June 17, 2005 thru February 14th, 2005.

We Decided

Your monthly entitlement amount is shown below:

Total VA Benefit	Amount Withheld	Amount Paid	Effective Date	Reason For Change
\$0.00	\$0.00	\$0.00	Jun. 17, 2005	Return to Active Duty. Benefit Eligibility Ends. Recoupment of Severance Pay Stops.
356.00	356.00	0.00	Feb 15, 2008	No longer on Active Duty. Benefit Eligibility Reinstated. Recoupment of Severance Pay Resumes.
356.00	80.13	275.87	July 1, 2010	Adjustment to Recoupment of Severance Pay.
356.00	0.00	356.00	Aug. 1, 2010	Recoupment of Separation Pay Ends.

We are paying you as a single veteran with no dependents.



IDENTIFICATION PURPOSES SAFEGUARD IT. RENDER FORM VOI CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 2. DEPARTMENT, COMPONENT AND BRANCH 3. SOCIAL SECURITY NUMBER 4a. GRADE, RATE OR RANK b. PAY GRADE 5. DATE OF BIRTH /YYYYMMDD) 6. RESERVE OBLIGATION TERMINATION DATE SW3 E-4 (YYYYMMDD) 07JUL20 HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 7a. PLACE OF ENTRY INTO ACTIVE DUTY NEW YORK MEPS NEW YORK, NY 8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND b. STATION WHERE SEPARATED NAS NORTH ISLAND PERSUPPDET, NAS NORTH ISLAND 9. COMMAND TO WHICH TRANSFERRED 10. SGLI COVERAGE NONE NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149 AMOUNT: \$ 200,000 11. PRIMARY SPECIALTY (List number, title and years and months in 12. RECORD OF SERVICE YEAR(S) MONTH(S) DAY(S) specialty. List additional specialty numbers and titles involving periods of 96 JUL a, DATE ENTERED AD THIS PERIOD 22 one or more years.) 04 IUI. 21 b. SEPARATION DATE THIS PERIOD SW - 0000 08 OO 00 o. NET ACTIVE SERVICE THIS PERIOD Х X. 00 00 Х d. TOTAL PRIOR ACTIVE SERVICE 00 Х e. TOTAL PRIOR INACTIVE SERVICE .00 00 00 X 00 00 00 f. FOREIGN SERVICE g. SEA SERVICE 00 00 00 h. EFFECTIVE DATE OF PAY GRADE 99 DEC 16 14. MILITARY EDUCATION (Course title, number of weeks, and month and 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) voor completed) GOOD CONDUCT MEDAL, NATIONAL DEFENSE SERVICE STEELWORKERS CLASS A; 10WKS; 96DEC MEDAL, NAVY "E" RIBBON, SEA SERVICE DEPLOYMENT MEDAL (4), RIFLE MARKSMAN, HUMANITARIAN Χ X SERVICE MEDAL, MERITORIOUS UNIT COMMENDATION, NAVY UNIT COMMENDATION. X X X X X X 15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO b. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 16. DAYS ACCRUED LEAVE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE NO YES PAID 6.0 DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION 18. REMARKS "COMPLETED NAVY WIDE EXAM SW2, PASS, FMS-143.11, 04MAR; SW2, PASS, FMS-146.15, 03SEP; SW2, PASS, FMS-129.61, 03MAR; SW2, PASS, FMS-130.94. "SEPARATION PAYMENT - \$ 18,158.40 - DISBURSING OFFICE SYMBOL 8366 Ser: 42827- 04- 9885 - LAB" X X X X X X X Х Х **GERTIFIED TO** Х X Х X 1154 The information contained herein is subject to computer match: , within the Department of Defense or with an noi purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit MAILING ADDRESS AFTER SEPARATION (Include ZiP Code) e ZIP Codel 20. MEMBER REQUESTS COPY 6 BE SENT TO CA DIRECTOR OF VETERANS AFFAIRS YES NO 22. OFFICIAL AUTHORIZED TO SIGN 21. SIGNATURE OF MEMBER BEING SEPARATED NC(SW), US BYDIR GIC SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies ofly) 23. TYPE OF SEPARATION 24. CHARACTER OF SERVICE (Include upgrades) RELEASED FROM ACTIVE DUTY HONORABLE 26. SEPARATION CODE 25. SEPARATION AUTHORITY 27. REENTRY CODE MILPERSMAN 1160-120 JGH RE-6 26. NARPATIVE REASON FOR SEPARATION NON - RETENTION ON ACTIVE DUTY 30, MEMBER REQUESTS COPY 4

TL: NONE

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMOD)

(Initials)

Dear Sir or Ma'am,

I am writing this letter in reference to the letter I received from your office. The letter stated that I owe the VA \$1,3728.00 dollars. I have never received ANY of my VA benefits due to the fact that when I was discharged from the U.S. Navy on a high year tenure I was told by the VA representative in San Diego I would not be able to collect any compensation until I paid back that \$13728.00. My discharge was because of the navy being overmanned and was of no fault of my own. My severance was to caver the part of my contract that was still left. I was rated at 30 percent disabled. I was discharged from the Navy on 21 July 2004. I then joined the Army Reserve 14 November 2004. I was mobilized for OIF from June 2005 until February 2008. At the time of my demobilization I met with the VA Representative and he informed me that I should have been collecting my disability compensation for all the time that I was not on active duty. I am asking that this amount be waived due to the fact that my I have never received my benefits and the fact that it would place me in such a financial hardship. I have recently become unemployed and was told by the NJ Department of labor that since I had served in the military in the past 18 months I will not be permitted to collect unemployment. Thank you for your time, effort and consideration on this matter. All the help I receive is greatly appreciated.

= 3/3l/09 Very Respectfully, (b) (6)